HEALTH CARE HIV TEST FORM

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Unique ID:			Session date: (mm/dd/yyyy)	Provider ID:					
Agency ID:	Agency ID: Location ID: Location ID:								
CLIENT INFORMATION									
☐(1) Male ☐(2) Female ☐(3) Transgender: male to female ☐(4) Transgender: female to male ☐(5) Other identity, specify: ☐(6) Declined to answer Biological gender at birth: (mark one ☒) ☐(1) Male ☐(2) Female ☐(3) Intersex ☐(4) Declined to answer Race/ethnicity: (mark all that apply ☒) ☐(1) Black/African American ☐(1) American Indian/Alaska Native ☐(1) Asian, specify: ☐(1) Native Hawaiian/Pacific Islander, specify:			irth: (mm/dd/yyyy) er of last name: Residence ZIP code: Surance coverage: (mark all that apply 🗵) overage site (Kaiser, Sutter, Blue Cross, HMO, etc.) -Cal (Medicaid) sily PACT Income Health Program (LIHP) care ary (active duty, veteran, or family member) an Health Service r public, specify:	HIV test before today? (mark one 🗵) (1) Yes (indicate recent HIV result & date) (0) No (8) Client does not know (9) Declined to answer Most recent HIV result received: (mark one 🗵 if tested before today) (1) Negative (2) Positive (3) Preliminary positive (no confirmatory result received) (4) Inconclusive, discordant, invalid (5) Client does not know (9) Declined to answer Date of last HIV test result: (mm/yyyy)					
(1) White (1) Client does not kn									
(1) Declined to answ	er								
Test sequence:	HIV TEST #1	HI	V TEST INFORMATION HIV TEST #2	HIV TEST #3					
Test ID: (optional)									
Sample date: (mm/dd/yyyy)									
Provider ID: (optional)									
Test technology: (mark one ⊠)	☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify:		☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify:	☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify:					
Test result: (mark one ☑) Results provided?	☐(1) Positive ☐(2) Preliminary positive* ☐(3) Negative ☐(4) Indeterminate /Inconclusive ☐(5) Invalid ☐(6) No result * Record confirmatory test result for positive rapid tests (HIV TEST #2). ☐(1) Yes (record date provided) Date result provided: (mm. ☐(1) Mark if client obtained is another agency ☐(0) No (indicate why) If results not provided, wh ☐(1) Client declined notifica ☐(2) Did not return / Could	/dd/yyyy) result from ny?	☐(1) Positive ☐(2) Preliminary positive* ☐(3) Negative ☐(4) Indeterminate /Inconclusive ☐(5) Invalid ☐(6) No result * Record confirmatory test result for preliminary positive rapid tests (HIV TEST #3). ☐(1) Yes (record date provided) Date result provided: (mm/dd/yyyy) ☐(1) Mark if client obtained result from another agency ☐(0) No (indicate why) If results not provided, why? ☐(1) Client declined notification ☐(2) Did not return / Could not locate	☐(1) Positive ☐(2) Preliminary positive* ☐(3) Negative ☐(4) Indeterminate /Inconclusive ☐(5) Invalid ☐(6) No result * Record confirmatory test result for preliminary positive rapid tests (test #4). ☐(1) Yes (record date provided) Date result provided: (mm/dd/yyyy) ☐(1) Mark if client obtained result from another agency ☐(0) No (indicate why) If results not provided, why? ☐(1) Client declined notification ☐(2) Did not return / Could not locate ☐(3) Other					

RISK FACTORS Was client asked about risk factor(s) that placed them at potential risk for HIV? (mark one ⊠) □(1) Risk factors discussed □(2) Client was not asked about risk factors □(3) Client declined to discuss risk factors							
	AGINAL OR ANAL SEX			ORAL SEX	Used a needle to inject drugs? (past 12 months) (1) Yes		
Had vaginal or anal sex with a male?	Type of sex: (optional) (mark all that apply ☑) ☐(1) Vaginal receptive ☐(1) Anal insertive ☐(1) Anal receptive Type of sex: (optional) (mark all that apply ☑) ☐(1) Vaginal insertive ☐(1) Anal insertive Type of sex: (optional) (mark all that apply ☑) ☐(1) Vaginal ☐(1) Vaginal ☐(1) Anal insertive ☐(1) Anal receptive r anal sex	Had vaginal or anal sex male (mark all that apply) (1) without using a conc (1) who injects drugs (1) who is HIV positive (1) known to have had swith a male (if female) Had vaginal or anal sex female (mark all that apple) (1) without using a conc (1) who injects drugs (1) who is HIV positive Had vaginal or anal sex transgender person (r (1) without using a conc (1) who injects drugs (1) who is HIV positive	sex //e) with a //y (a) dom	(past 12 months) Had oral sex with a male? □(1) Yes □(0) No Had oral sex with a female? □(1) Yes □(0) No Had oral sex with a TG? □(1) Yes □(0) No	(i) Yes		
Has received money, drug		vices for sex? (past 12 mor	nths) [1	Yes □(0) No			
Has had sex with a person	<u> </u>	or drugs or money? (past to ELIMINARY & CONFIRME					
Referred to HIV medical care? (1) Yes If yes, did client attend first appointment? (1) Yes Appointment date: (mm/dd/yyyy) (1) Yes (1)							
Ware nertner convices die	ougged/offered this see	PARTNER			ction of this agency 2 (duel and old mark)		
Were partner services discussed/offered this session? (mark one □) □(1) Offered and accepted □(2) Offered and refused □(3) Not offered							
Was skill building provide ☐(1) Yes → Number of p ☐(0) No be self-notif	partners to	Was partner : ☐(1) Yes → ☐(0) No	Specify Was clie	ent interviewed for Interview o	partner elicitation? Number of partners:		
Ever had a previous posit (1) Yes	st positive HIV test: (mm/	v/dd/yyyy)	Used or (1) Yes (10) No (10) Doc (10) Dec	is currently using s (specify ARV used at a't know clined to answer	g antiretroviral (ARV) medication? Ind indicate first and last date used) Ilications:		
Number of negative HIV tests within 24 months before first positive HIV test: (8) Don't know (9) Declined				last ARV use: (mm	Data entry ID:		

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